

**UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS**

IN RE PHARMACEUTICAL INDUSTRY  
AVERAGE WHOLESALE PRICE LITIGATION

MDL No. 1456

THIS DOCUMENT RELATES TO:

CIVIL ACTION: 01-CV-12257-PBS

ALL ACTIONS

Judge Patti B. Saris

**CORRECTED CLASS PLAINTIFFS' SUBMISSION OF THE "GENERICS CHART"  
PURSUANT TO THE ORAL REQUEST OF THE COURT DURING THE CLASS  
CERTIFICATION HEARING IN CONNECTION WITH TRACK 2**

Pursuant to the oral request of the Court at the class certification hearing conducted on September 12, 2006 in connection with the Track 2 defendants, the Class plaintiffs hereby submit the "generics chart."

The generics chart (Exhibit A) shows the following information: for each defendant the alleged AWPIDs (*i.e.*, the drugs for that defendant in Appendix A) are listed. In the chart, additional columns of information set forth for each class indicate whether plaintiffs have submitted information to the court upon which they claim that a class representative has purchased or incurred a debt with respect to that drug sufficient to provide them standing to assert claims against that defendant. In the class 1 column (relating to Medicare beneficiaries), the name of the class representative and (usually) the date of purchase is set forth. In those situations where a purchase of a multi-source drug by a proposed class representative is necessary in order to have coverage with respect to a class (1, 2 or 3) for a defendant, then in the

far right column plaintiffs provide a list of the generic manufacturers who manufactured the product that was reimbursed through the same J-code. Because manufacturers of a J-code may change over time, the list of generic manufacturers is typically identified for the date of purpose by the proposed class representative.

Finally, the second chart (Exhibit B) also has green shading in order to demonstrate, for each defendant, which classes of those the plaintiffs believe to be class representative purchases are sufficient in order to confer standing.

Plaintiffs also submit a Revised Proposed Order that reflects the proper class representatives and defendants in each class.

DATED: October 17, 2006.

By /s/ Steve W. Berman  
Thomas M. Sobol (BBO#471770)  
Edward Notargiacomo (BBO#567636)  
Hagens Berman Sobol Shapiro LLP  
One Main Street, 4th Floor  
Cambridge, MA 02142  
Telephone: (617) 482-3700  
Facsimile: (617) 482-3003

**LIAISON COUNSEL**

Steve W. Berman  
Sean R. Matt  
Hagens Berman Sobol Shapiro LLP  
1301 Fifth Avenue, Suite 2900  
Seattle, WA 98101  
Telephone: (206) 623-7292  
Facsimile: (206) 623-0594

Elizabeth Fegan  
Hagens Berman Sobol Shapiro LLP  
60 W. Randolph Street, Suite 200  
Chicago, IL 60601  
Telephone: (312) 762-9235  
Facsimile: (312) 762-9286

Eugene A. Spector  
Jeffrey Kodroff  
Spector, Roseman & Kodroff, P.C.  
1818 Market Street, Suite 2500  
Philadelphia, PA 19103  
Telephone: (215) 496-0300  
Facsimile: (215) 496-6611

Kenneth A. Wexler  
Jennifer Fountain Connolly  
Wexler Toriseva Wallace LLP  
One North LaSalle Street, Suite 2000  
Chicago, IL 60602  
Telephone: (312) 346-2222  
Facsimile: (312) 346-0022

Marc H. Edelson  
Allan Hoffman  
Edelson & Associates LLC  
45 West Court Street  
Doylestown, PA 18901  
Telephone: (215) 230-8043  
Facsimile: (215) 230-8735

Donald E. Haviland, Jr.  
The Haviland Law Firm  
740 S. Third Street, 3rd Floor  
Philadelphia, PA 19147  
Facsimile: (215) 392-4400  
Telephone: (215) 609-4661

**CO-LEAD COUNSEL FOR  
PLAINTIFFS**

**CERTIFICATE OF SERVICE BY LEXISNEXIS FILE & SERVE**

Docket No. MDL 1456

I, Steve W. Berman, hereby certify that I am one of plaintiffs' attorneys and that, on October 17, 2006, I caused copies of **CORRECTED CLASS PLAINTIFFS' SUBMISSION OF THE "GENERIC CHART" PURSUANT TO THE ORAL REQUEST OF THE COURT DURING THE CLASS CERTIFICATION HEARING IN CONNECTION WITH TRACK 2** to be served on all counsel of record by causing same to be posted electronically via Lexis-Nexis File & Serve.



**/s/ Steve W. Berman**

Steve W. Berman

# Exhibit A

AWP Track 2 Analysis by Defendant: Legend

**Notes:** \_\_\_\_\_

-  1. In the following tables, columns shaded green have demonstrated coverage for that particular Class.
-  2. Manufacturers have been identified for the drugs shaded in yellow.
- 3. Manufacturers listed with an asterix (\*) have been identified as repackagers.

## Manufacturer: Abbott

| Drug                   | HCPCS Code          | Drug Source | Class 1 Coverage                      | Class 2 Coverage | Class 3 Coverage | Manufacturers for J-code Drug (Typically at Drug Utilization Date)  |
|------------------------|---------------------|-------------|---------------------------------------|------------------|------------------|---|
| Acetylcysteine         | J7608               | Multi       | No                                    | No               | No               |   |
| Acyclovir Sodium       | Q4075               | Multi       | No                                    | No               | No               |   |
| A-Methapred            | J2920, J2930        | Multi       | Bean<br>(2/19/04-10/27/04)            | Yes              | Yes              | Abbott, APP, Pfizer, Physicians Total Care*   |
| Amikacin Sulfate       | J0278, S0072, S0016 | Multi       | No                                    | No               | No               |   |
| Aminosyn               | B5000               | Multi       | No                                    | No               | No               |   |
| Calcijex               | J0635, J0636        | Multi       | No                                    | No               | No               |   |
| Cimetidine             | No Code             | Multi       | No                                    | n/a              | No               |   |
| Clindamycin            | No Code             | Multi       | No                                    | n/a              | No               |   |
| Dextrose               | J7060, J7070        | Multi       | Bean                                  | No               | No               |   |
| Diazepam               | J3360               | Multi       | No                                    | Yes              | Yes              |   |
| D5W 1000ml Solution    | J7070               | Multi       | Bean                                  |                  |                  |   |
| Fentanyl Citrate       | J3010               | Multi       | Bean                                  | Yes              | Yes              | Baxter, Hospira (Abbott), Physicians Total Care*, Taylor  |
| Furosemide             | J1940               | Multi       | No                                    | No               | No               |   |
| Gentamicin             | J1580               | Multi       | Howe                                  | No               | No               |   |
| Heparin <sup>1</sup>   | J1642, J1644        | Multi       | Aaronson,<br>Young (9/20/04-10/22/04) | Yes              | Yes              | Abbott, Hospira (Abbott), Allscripts*, American Pharmaceutical Partners, B. Braun Medical, Baxter, B-D Hospital Division, Deen Pre-filled Syringes, Excelsior Medical Corporation, Kendall Healthcare, Medefill Inc, Novaplus, Pegasus, Pfizer, Pharmacia, Physicians Total Care*, Salient HCT, Vital Signs |
| Leucovorin Calcium     | J0640               | Multi       | No                                    | Yes              | No               |   |
| Lorazepam              | J2060               | Multi       | No                                    | No               | No               |   |
| Normal Saline Solution | J7040               | Multi       | Bean                                  |                  |                  |   |

**Manufacturer: Abbott**

| Drug                         | HCPCS Code   | Drug Source | Class 1 Coverage | Class 2 Coverage | Class 3 Coverage | Manufacturers for J-code Drug (Typically at Drug Utilization Date)      |
|------------------------------|--------------|-------------|------------------|------------------|------------------|---|
| Sodium Chloride <sup>1</sup> | J2912, J7130 | Multi       | Aaronson, Clark  | No               | No               |   |
| Tobramycin                   | J3260        | Multi       | No               | No               | No               |   |
| Vancomycin <sup>1</sup>      | J3370        | Multi       | Young            | Yes              | No               | American Pharmaceutical Partners, Baxter, Elkins-Sinn, Hospira (Abbott) |

**Notes:**

Columns shaded green have demonstrated coverage for that particular Class.

Manufacturers have been identified for the drugs shaded in yellow.

1. Manufacturers listed with an asterisk (\*) have been identified as repackagers.
2. We understand the Defendants take the position that if Plaintiffs' motion for class certification did not name the class representative for a specific drug, then the coverage does not count. Plaintiffs disagree as all relevant information has been disclosed. In any event, it does not appear that this disagreement impacts class coverage for any defendant because in all instances alternative coverage exists for the class and the defendant.



## Manufacturer: Amgen

| Drug     | HCPCS Code          | Drug Source | Class 1 Coverage | Class 2 Coverage | Class 3 Coverage | Manufacturers for J-code Drug (Typically at Drug Utilization Date) |
|----------|---------------------|-------------|------------------|------------------|------------------|--|
| Aranesp  | J0880, Q0137, Q4054 | Single      | Aaronson, Carter | Yes              | No               |  |
| Enbrel   | J1438               | Single      | No               | No               | No               |  |
| Epogen   | Q4055               | Single      | Aaronson, Bean   | Yes              | No               |  |
| Kineret  | No Code             |             | No               | n/a              | No               |  |
| Neulasta | J2505               | Single      | Aaronson         | Yes              | No               |  |
| Neupogen | J1440, J1441        | Single      | No               | Yes              | Yes              |  |

## Notes:

Columns shaded green have demonstrated coverage for that particular Class.

Manufacturers have been identified for the drugs shaded in yellow.

- Manufacturers listed with an asterix (\*) have been identified as repackagers.

**Manufacturer: Aventis**

| Drug              | HCPCS Code   | Drug Source | Class 1 Coverage | Class 2 Coverage | Class 3 Coverage | Manufacturers for J-code Drug (Typically at Drug Utilization Date) |
|-------------------|--------------|-------------|------------------|------------------|------------------|--|
| Anzenet           | J1260, Q0180 | Single      |                  | Yes              | Yes              |  |
| Calcimar          | J0630        | Multi       |                  | No               | No               |  |
| Cardizem          | No Code      |             |                  | n/a              | No               |  |
| Gammar P IV       | Q9941, Q9942 | Multi       |                  | No               | Yes              |  |
| Intal (Nebulizer) | J7631        | Multi       |                  | No               | No               |  |
| Taxotere          | J9170        | Single      |                  | No               | No               |  |

**Notes:**

Columns shaded green have demonstrated coverage for that particular Class.

Manufacturers have been identified for the drugs shaded in yellow.

- Manufacturers listed with an asterisk (\*) have been identified as repackagers.

## Manufacturer: Baxter

| Drug                   | HCPCS Code                 | Drug Source | Class 1 Coverage                   | Class 2 Coverage | Class 3 Coverage | Manufacturers for J-code Drug (Typically at Drug Utilization Date)  |
|------------------------|----------------------------|-------------|------------------------------------|------------------|------------------|---|
| Aggrastat              | J3246                      | Single      | Not Pursuing                       | Not Pursuing     | Not Pursuing     |   |
| Ativan                 | J2060                      | Multi       | Not Pursuing                       | Not Pursuing     | Not Pursuing     |   |
| Bebulin                | J7194                      | Multi       | No                                 | No               | Yes              |   |
| Brevibloc              | J3490                      | Single      | Not Pursuing                       | Not Pursuing     | Not Pursuing     |   |
| Buminate               | P9041, P9045, P9046, P9047 | Multi       | Aaronson (8/3/04-11/30/04)         | No               | No               | Alpine Biologics, American Red Cross, Aventis Behring, <b>Baxter</b> , Bayer, Grifols, Hyland Immuno, Mallinckrodt, ZLB Bioplasma   |
| Cisplatin              | J9060, J9062               | Multi       | Not Pursuing                       | Not Pursuing     | Not Pursuing     |   |
| Claforan               | J0698                      | Multi       | No                                 | No               | No               |   |
| Dextrose               | J7060, J7070               | Multi       | Bean, Clark (2/13/02-4/17/02)      | No               | No               | B. Braun Medical, <b>Baxter</b> , Hospira, Ivac Corporation, Physicians Total Care*   |
| Doxorubicin HCl        | J9000                      | Multi       | Not Pursuing                       | Not Pursuing     | Not Pursuing     |   |
| D5W 1000ml Solution    | J7070                      | Multi       | Bean                               |                  |                  |   |
| Gammagard              | Q9941, Q9942               | Multi       | No                                 | No               | Yes              |   |
| Gentam/NACL            | J7100, J7110               | Multi       | No                                 | No               | No               |   |
| Gentamicin             | J1580                      | Multi       | Howe                               |                  |                  |   |
| Heparin                | J1642, J1644               | Multi       | Aaronson, Young (9/20/04-10/22/04) | Yes              | Yes              | Abbott, Hospira (Abbott), Allscripts*, American Pharmaceutical Partners, B. Braun Medical, <b>Baxter</b> , B-D Hospital Division, Deen Pre-filled Syringes, Excelsior Medical Corporation, Kendall Healthcare, Medefill Inc, Novaplus, Pegasus, Pfizer, Pharmacia, Physicians Total Care*, Salient HCT, Vital Signs |
| Iveegam                | Q9941, Q9942               | Multi       | No                                 | No               | No               |   |
| Osmitrol               | J2150                      | Multi       | No                                 | No               | No               |   |
| Recombinant            | J7192                      | Single      | No                                 | No               | No               |   |
| Normal Saline Solution | J7040                      | Multi       | Bean                               |                  |                  |   |

Manufacturer: Baxter

| Drug            | HCPCS Code                        | Drug Source | Class 1 Coverage | Class 2 Coverage | Class 3 Coverage | Manufacturers for J-code Drug (Typically at Drug Utilization Date) |
|-----------------|-----------------------------------|-------------|------------------|------------------|------------------|--|
| Sodium Chloride | J2912, J7030, J7040, J7050, J7130 | Multi       | Aaronson, Clark  | No               | Yes              |  |
| Travasol        | J3490                             | Multi       |                  | Yes              | Yes              |  |
| Vancocin        | J3370                             | Multi       | Not Pursuing     | Not Pursuing     | Not Pursuing     |  |

Notes:

- 
- 

Columns shaded green have demonstrated coverage for that particular Class.

Manufacturers have been identified for the drugs shaded in yellow.

1. Manufacturers listed with an asterix (\*) have been identified as repackagers.

## Manufacturer: Bayer

| Drug      | HCPCS Code   | Drug Source | Class 1 Coverage | Class 2 Coverage | Class 3 Coverage | Manufacturers for J-code Drug (Typically at Drug Utilization Date) |
|-----------|--------------|-------------|------------------|------------------|------------------|--|
| Cipro     | J0744        | Multi       | No               | No               | No               |  |
| DTIC Dome | J9130, J9140 | Multi       | No               | No               | No               |  |
| Gamimune  | Q9943, Q9944 | Multi       | No               | No               | Yes              |  |
| Koate     | J7190        | Multi       | No               | No               | No               |  |
| Kogenate  | J7192        | Multi       | No               | No               | Yes              | American Red Cross, Aventis, Baxter, <b>Bayer</b> , Wyeth          |
| Mithracin | J9270        | Single      | No               | No               | No               |  |

## Notes:

Columns shaded green have demonstrated coverage for that particular Class.

Manufacturers have been identified for the drugs shaded in yellow.

- Manufacturers listed with an asterisk (\*) have been identified as repackagers.

## Manufacturer: Dey

| Drug                   | HCPCS Code                 | Drug Source | Class 1 Coverage                | Class 2 Coverage | Class 3 Coverage | Manufacturers for J-code Drug (Typically at Drug Utilization Date)  |
|------------------------|----------------------------|-------------|---------------------------------|------------------|------------------|---|
| Acetylcysteine         | J7608                      | Multi       | No                              | No               | No               |   |
| Albuterol Sulfate      | J7611, J7613, J7618, J7619 | Multi       | Walters (4/22/99-9/21/04), Bean |                  | Yes              | Allscripts*, Alphaarma, Bausch & Lomb, <b>Dey L.P.</b> , Drx, DispenseExpress, Gallipot, H.J. Harkins Company, Hawkins Chemical, Hi-Tech, Ivax Pharmaceuticals, Major Pharmaceuticals, Medisca, Meridian Chemical & Equipment, Nephron Pharmaceuticals, PCCA, Physicians Total Care*, Prescript, Qualitest, Quality Care, Rx Elite, Schering, Spectrum, Warrick Pharmaceuticals |
| Albuterol Nebulizer    | J7613                      | Multi       | No                              | Yes              | No               |   |
| Cromolyn Sodium        | J7631                      | Multi       | No                              | No               | No               |   |
| Ipratropium            | J7644                      | Multi       | Bean (4/7/2003)                 | Yes              | No               | Allscripts*, Alphaarma, Apotex, <b>Dey</b> , DRX*, Ivax Pharmaceuticals, Nephron Pharmaceuticals, Physicians Total Care*, RX Elite  |
| Metaproterenol Sulfate | J7669                      | Multi       | No                              | No               | No               |   |

## Notes:

Columns shaded green have demonstrated coverage for that particular Class.

Manufacturers have been identified for the drugs shaded in yellow.

1. Manufacturers listed with an asterisk (\*) have been identified as repackagers.

## Manufacturer: Fujisawa

| Drug                      | HCPCS Code          | Drug Source | Class 1 Coverage        | Class 2 Coverage | Class 3 Coverage | Manufacturers for J-code Drug (Typically at Drug Utilization Date)  |
|---------------------------|---------------------|-------------|-------------------------|------------------|------------------|---|
| Aristocort                | J3302               | Multi       | No                      | Yes              | No               |   |
| Aristospan                | J3303               | Multi       | No                      | Yes              | No               |   |
| Cefizox                   | J0715               | Multi       | No                      | No               | No               |   |
| Lyphocin                  | J3370               | Multi       | No                      | No               | Yes              | APP, Baxter, Elkins-Sinn, Hospira   |
| Nebupent                  | J2545               | Single      | No                      | No               | No               |   |
| Prograf                   | J7507, J7525        | Single      | No                      | Yes              | No               |   |
| Vinblastine Sulfate       | J9360               | Multi       | No                      | No               | No               |   |
| Acyclovir Sodium          | Q4075               | Multi       | No                      | No               | No               |   |
| Dexamethasone Sodium      | J1100, J7637, J7638 | Multi       | Clark (1/16/02-4/17/02) | No               | No               | Allscripts*, Alto Pharmaceuticals Inc., American Pharmaceutical Partners, American Regent, <b>Astellas Pharma (Fujisawa)</b> , Baxter, Central Pharmaceutical, Clint Pharmaceuticals, Consolidated Midland Corp, Elkins-Sinn, Hyrex, Ide Interstate, Insource, Iolab Pharmaceuticals, Legere Pharmaceuticals, Major Pharmaceuticals, Medtech, Merz, Organon, Physicians Total Care*, Roberts/Hauck Pharm. Corp., Rugby Laboratories, Schein, Seatrice Co, Shoals Pharmaceuticals Inc., Sisor, Taylor, Truxton Co. Inc., Veratex Corp. |
| Doxorubicin Hydrochloride | J9000               | Multi       | No                      | No               | No               |   |
| Fluorouracil              | J9190               | Multi       | No                      | Yes              | No               |   |
| Gentamicin Sulfate        | J1580               | Multi       | Howe                    | No               | No               |   |

## Notes:

Columns shaded green have demonstrated coverage for that particular Class.

Manufacturers have been identified for the drugs shaded in yellow.

1. Manufacturers listed with an asterisk (\*) have been identified as repackagers.

**Manufacturer: Immunex**

| Drug               | HCPCS Code          | Drug Source | Class 1 Coverage | Class 2 Coverage | Class 3 Coverage | Manufacturers for J-code Drug (Typically at Drug Utilization Date)   |
|--------------------|---------------------|-------------|------------------|------------------|------------------|--|
| Leucovorin Calcium | J0640               | Multi       | No               | Yes              | No               |  |
| Leukine            | J2820               | Single      | No               | No               | No               |  |
| Methotrexate       | J8610, J9250, J9260 | Multi       | No               | Yes              | Yes              | APP, Barr, Bedford, DispenseExpress*, H.J. Harkins Company*, Major, Mayne, Mylan, Physicians Total Care*, Quality Care, Roxane, Stada, UDL |
| Novantrone         | J9293               | Single      | Howe             | No               | No               |  |
| Thiotepa           | J9340               | Multi       | No               | No               | No               |  |

**Notes:**

Columns shaded green have demonstrated coverage for that particular Class.

Manufacturers have been identified for the drugs shaded in yellow.

- Manufacturers listed with an asterisk (\*) have been identified as repackagers.



## Manufacturer: Pharmacia

| Drug                | HCPCS Code  | Drug Source | Class 1 Coverage        | Class 2 Coverage | Class 3 Coverage | Manufacturers for J-code Drug (Typically at Drug Utilization Date) |
|---------------------|---|-------------|-------------------------|------------------|------------------|--|
| Adriamycin          | J9000   | Multi       | No                      | Yes              | No               | Baxter, Bedford, Chiron, Scior                                     |
| Adrucil             | J9190   | Multi       | No                      | Yes              | No               |  |
| Amphocin            | J0285   | Multi       | No                      | No               | No               |  |
| Bleomycin           | J9040   | Multi       | No                      | No               | No               |  |
| Cytarabine          | J9100, J9110  | Multi       | No                      | No               | Yes              | APP, Bedford, Mayne  |
| Depo-Testosterone   | J1070, J1080  | Multi       | No                      | No               | Yes              |  |
| Etoposide (Toposar) | J9181, J9182, J8560   | Multi       | No                      | No               | No               |  |
| Neosar              | J8530, J9070, J9080, J9090, J9091, J9092, J9093, J9094, J9095, J9096, J9097 | Multi       | No                      | Yes              | No               |  |
| Solu-Cortef         | J1720   | Multi       | Young (4/26/02-9/20/04) | No               | No               | Abbott, Allscripts*, Pfizer (Pharmacia), Physicians Total Care*    |
| Solu-Medrol         | J2920   | Multi       | No                      | No               | Yes              |  |
| Vincasar            | J9370, J9375, J9380   | Multi       | No                      | No               | No               |  |

## Notes:

Columns shaded green have demonstrated coverage for that particular Class.

Manufacturers have been identified for the drugs shaded in yellow.

1. Manufacturers listed with an asterix (\*) have been identified as repackagers.

## Manufacturer: Sisor

| Drug                    | HCPCS Code          | Drug Source | Class 1 Coverage | Class 2 Coverage | Class 3 Coverage | Manufacturers for J-code Drug (Typically at Drug Utilization Date)   |
|-------------------------|---------------------|-------------|------------------|------------------|------------------|--|
| Acyclovir Sodium        | Q4075               | Multi       | No               | No               | No               |  |
| Amikacin Sulfate        | S0072, S0016        | Multi       | No               | No               | No               |  |
| Doxorubicin HCl         | J9000               | Multi       | No               | Yes              | No               |  |
| Etoposide               | J9181, J9182, J8560 | Multi       | No               | No               | No               |  |
| Leucovorin Calcium      | J0640               | Multi       | No               | Yes              | No               | APP, Bedford, Elkins-Sinn, Immunex, Major, Mayne, Physicians Total Care*, Roxane, <b>Sisor</b> , Supergen, UDL |
| Pentamidine Isethionate | J2545               | Multi       | No               | No               | No               |  |
| Tobramycin Sulfate      | J3260               | Multi       | No               | No               | No               |  |

**Notes:**

Columns shaded green have demonstrated coverage for that particular Class.

Manufacturers have been identified for the drugs shaded in yellow.

1. Manufacturers listed with an asterisk (\*) have been identified as repackagers.

**Manufacturer: Gensia**

| Drug               | HCPCS Code          | Drug Source | Class 1 Coverage | Class 2 Coverage | Class 3 Coverage | Manufacturers for J-code Drug (Typically at Drug Utilization Date)   |
|--------------------|---------------------|-------------|------------------|------------------|------------------|--|
| Amikacin Sulfate   | S0072, S0016        | Multi       | No               | No               | No               |  |
| Amphotericin B     | J0285               | Multi       | No               | No               | No               |  |
| Etoposide          | J9181, J9182, J8560 | Multi       | No               | No               | No               |  |
| Leucovorin Calcium | J0640               | Multi       | No               | Yes              | No               | APP, Bedford, Elkins-Sinn, Immunex, Major, Mayne, Physicians Total Care*, Roxane, <b>Sicor</b> , Supergen, UDL |

**Notes:**

Columns shaded green have demonstrated coverage for that particular Class.

Manufacturers have been identified for the drugs shaded in yellow.

1. Manufacturers listed with an asterix (\*) have been identified as repackagers.

## Manufacturer: Watson

| Drug                  | HCPCS Code          | Drug Source | Class 1 Coverage        | Class 2 Coverage | Class 3 Coverage | Manufacturers for J-code Drug (Typically at Drug Utilization Date)   |
|-----------------------|---------------------|-------------|-------------------------|------------------|------------------|--|
| Dexamethasone Acetate | J1094               | Multi       | No                      | Yes              | Yes              |  |
| Dexamethasone Sodium  | J1100, J7637, J7638 | Multi       | Clark (1/16/02-4/17/02) | Yes              | No               | Allscripts*, Alto Pharmaceuticals Inc., American Pharmaceutical Partners, American Regent, Astellas Pharma, Baxter, Central Pharmaceutical, Clint Pharmaceuticals, Consolidated Midland Corp, Elkins-Sinn, Hyrex, Ide Interstate, Insource, Iolab Pharmaceuticals, Legere Pharmaceuticals, Major Pharmaceuticals, Medtech, Merz, Organon, Physicians Total Care*, Roberts/Hauck Pharm. Corp., <b>Rugby Laboratories (Watson)</b> , <b>Schein (Watson)</b> , Seatrace Co, Shoals Pharmaceuticals Inc., Sisor, Taylor, Truxton Co. Inc., Veratex Corp. |
| Diazepam              | J3360               | Multi       | No                      | Yes              | Yes              |  |
| Ferlecit              | J2916               | Single      | No                      | Yes              | No               |  |
| Fluphenazine          | J2680               | Multi       | No                      | No               | No               |  |
| Gentamicin            | J1580               | Multi       | Howe (9/12/00-2/13/01)  | Yes              | No               | American Pharmaceutical Partners, B. Braun Medical, Elkins-Sinn, Hospira   |
| Infed                 | J1750               | Multi       | No                      | No               | No               |  |
| Lorazepam             | J2060               | Multi       | No                      | No               | No               |  |
| Vancomycin            | J3370               | Multi       | No                      | Yes              | Yes              | American Pharmaceutical Partners, Baxter, Elkins-Sinn, Hospira   |

## Notes:

Columns shaded green have demonstrated coverage for that particular Class.

Manufacturers have been identified for the drugs shaded in yellow.

1. Manufacturers listed with an asterisk (\*) have been identified as repackagers.

# Exhibit B

AWP Track 2 Analysis by Defendant: Legend

Notes:



1. In the following tables, columns shaded green have demonstrated coverage for that particular Class.

**Manufacturer: Abbott**

| Drug                         | HCPCS Code   | Drug Source | Class 1 Coverage<br>(Utilization Dates) | Class 2 Coverage | Class 3 Coverage |
|------------------------------|--------------|-------------|---|------------------|------------------|
| A-Methapred                  | J2920, J2930 | Multi       | Bean<br>(2/19/04-10/27/04)              | Yes              | Yes              |
| Dextrose                     | J7060, J7070 | Multi       | Bean                                    | No               | No               |
| Diazepam                     | J3360        | Multi       | No                                      | Yes              | Yes              |
| D5W 1000ml Solution          | J7070        | Multi       | Bean                                    |                  |                  |
| Fentanyl Citrate             | J3010        | Multi       | Bean                                    | Yes              | Yes              |
| Gentamicin                   | J1580        | Multi       | Howe                                    | No               | No               |
| Heparin <sup>1</sup>         | J1642, J1644 | Multi       | Aaronson,<br>Young (9/20/04-10/22/04)   | Yes              | Yes              |
| Leucovorin Calcium           | J0640        | Multi       | No                                      | Yes              | No               |
| Normal Saline Solution       | J7040        | Multi       | Bean                                    |                  |                  |
| Sodium Chloride <sup>1</sup> | J2912, J7130 | Multi       | Aaronson, Clark                         | No               | No               |
| Vancomycin <sup>1</sup>      | J3370        | Multi       | Young                                   | Yes              | No               |

**Notes:**

Columns shaded green have demonstrated coverage for that particular Class.

1. We understand the Defendants take the position that if Plaintiffs' motion for class certification did not name the class representative for a specific drug, then the coverage does not count. Plaintiffs disagree as all relevant information has been disclosed. In any event, it does not appear that this disagreement impacts class coverage for any defendant because in all instances alternative coverage exists for the class and the defendant.

**Manufacturer: Amgen**

| Drug     | HCPCS Code             | Drug Source | Class 1 Coverage<br>(Utilization Dates) | Class 2 Coverage | Class 3 Coverage |
|----------|------------------------|-------------|---|------------------|------------------|
| Aranesp  | J0880, Q0137,<br>Q4054 | Single      | Aaronson, Carter                        | Yes              | No               |
| Epogen   | Q4055                  | Single      | Aaronson, Bean                          | Yes              | No               |
| Neulasta | J2505                  | Single      | Aaronson                                | Yes              | No               |
| Neupogen | J1440, J1441           | Single      | No                                      | Yes              | Yes              |

**Notes:**

Columns shaded green have demonstrated coverage for that particular Class.



Manufacturer: Aventis

| Drug        | HCP Code     | Drug Source | Class 1 Coverage<br>(Utilization Dates) | Class 2 Coverage | Class 3 Coverage |
|-------------|--------------|-------------|---|------------------|------------------|
| Anzemet     | J1260, Q0180 | Single      |   | Yes              | Yes              |
| Gammar P IV | Q9941, Q9942 | Multi       |   | No               | Yes              |

Notes:

Columns shaded green have demonstrated coverage for that particular Class.

**Manufacturer: Baxter**

| Drug                   | HCPSC Code                           | Drug Source | Class 1 Coverage<br>(Utilization Dates) | Class 2 Coverage | Class 3 Coverage |
|------------------------|--------------------------------------|-------------|---|------------------|------------------|
| Bebulin                | J7194                                | Multi       | No                                      | No               | Yes              |
| Buminat                | P9041, P9045,<br>P9046, P9047        | Multi       | Aaronson<br>(8/3/04-11/30/04)           | No               | No               |
| Dextrose               | J7060, J7070                         | Multi       | Bean,<br>Clark (2/13/02-4/17/02)        | No               | No               |
| D5W 1000ml Solution    | J7070                                | Multi       | Bean                                    |                  |                  |
| Gentamicin             | J1580                                | Multi       | Howe                                    |                  |                  |
| Heparin                | J1642, J1644                         | Multi       | Aaronson,<br>Young (9/20/04-10/22/04)   | Yes              | Yes              |
| Normal Saline Solution | J7040                                | Multi       | Bean                                    |                  |                  |
| Sodium Chloride        | J2912, J7030,<br>J7040, J7050, J7130 | Multi       | Aaronson, Clark                         | No               | Yes              |
| Travasol               | J3490                                | Multi       |   | Yes              | Yes              |

**Notes:**

Columns shaded green have demonstrated coverage for that particular Class.

Manufacturer: Bayer

| Drug     | HCPCS Code   | Drug Source | Class 1 Coverage<br>(Utilization Dates) | Class 2 Coverage | Class 3 Coverage |
|----------|--------------|-------------|---|------------------|------------------|
| Gamimune | Q9943, Q9944 | Multi       | No                                      | No               | Yes              |
| Kogenate | J7192        | Multi       | No                                      | No               | Yes              |

Notes:

Columns shaded green have demonstrated coverage for that particular Class.

Manufacturer: Dey

| Drug                | HCPCS Code                    | Drug Source | Class 1 Coverage<br>(Utilization Dates) | Class 2 Coverage | Class 3 Coverage |
|---------------------|-------------------------------|-------------|---|------------------|------------------|
| Albuterol Sulfate   | J7611, J7613,<br>J7618, J7619 | Multi       | Walters (4/22/99-9/21/04),<br>Bean      |                  | Yes              |
| Albuterol Nebulizer | J7613                         | Multi       | No                                      | Yes              | No               |
| Ipratropium         | J7644                         | Multi       | Bean (4/7/2003)                         | Yes              | No               |

Notes:

Columns shaded green have demonstrated coverage for that particular Class.

**Manufacturer: Fujisawa**

| Drug                 | HCP Code            | Drug Source | Class 1 Coverage<br>(Utilization Dates) | Class 2 Coverage | Class 3 Coverage |
|----------------------|---------------------|-------------|---|------------------|------------------|
| Aristocort           | J3302               | Multi       | No                                      | Yes              | No               |
| Aristospan           | J3303               | Multi       | No                                      | Yes              | No               |
| Lyphocin             | J3370               | Multi       | No                                      | No               | Yes              |
| Prograf              | J7507, J7525        | Single      | No                                      | Yes              | No               |
| Dexamethasone Sodium | J1100, J7637, J7638 | Multi       | Clark (1/16/02-4/17/02)                 | No               | No               |
| Fluorouracil         | J9190               | Multi       | No                                      | Yes              | No               |
| Gentamicin Sulfate   | J1580               | Multi       | Howe                                    | No               | No               |

**Notes:**

Columns shaded green have demonstrated coverage for that particular Class.

Manufacturer: Immunex

| Drug               | HCPCS Code          | Drug Source | Class 1 Coverage<br>(Utilization Dates) | Class 2 Coverage | Class 3 Coverage |
|--------------------|---------------------|-------------|---|------------------|------------------|
| Leucovorin Calcium | J0640               | Multi       | No                                      | Yes              | No               |
| Methotrexate       | J8610, J9250, J9260 | Multi       | No                                      | Yes              | Yes              |
| Novantrone         | J9293               | Single      | Howe                                    | No               | No               |

Notes:

Columns shaded green have demonstrated coverage for that particular Class.

**Manufacturer: Pharmacia**

| Drug              | HCPSC Code  | Drug Source | Class 1 Coverage<br>(Utilization Dates) | Class 2 Coverage | Class 3 Coverage |
|-------------------|---|-------------|---|------------------|------------------|
| Adriamycin        | J9000   | Multi       | No                                      | Yes              | No               |
| Adrucil           | J9190   | Multi       | No                                      | Yes              | No               |
| Cytarabine        | J9100, J9110  | Multi       | No                                      | No               | Yes              |
| Depo-Testosterone | J1070, J1080  | Multi       | No                                      | No               | Yes              |
| Neosar            | J8530, J9070,<br>J9080, J9090,<br>J9091, J9092,<br>J9093, J9094,<br>J9095, J9096, J9097 | Multi       | No                                      | Yes              | No               |
| Solu-Cortef       | J1720   | Multi       | Young (4/26/02-9/20/04)                 | No               | No               |
| Solu-Medrol       | J2920   | Multi       | No                                      | No               | Yes              |

**Notes:**

Columns shaded green have demonstrated coverage for that particular Class.

Manufacturer: Sicor

| Drug               | HCPCS Code | Drug Source | Class 1 Coverage<br>(Utilization Dates) | Class 2 Coverage | Class 3 Coverage |
|--------------------|------------|-------------|---|------------------|------------------|
| Doxorubicin HCl    | J9000      | Multi       | No                                      | Yes              | No               |
| Leucovorin Calcium | J0640      | Multi       | No                                      | Yes              | No               |

Notes:

Columns shaded green have demonstrated coverage for that particular Class.



Manufacturer: Gensia

| Drug               | HCPCS Code | Drug Source | Class 1 Coverage<br>(Utilization Dates) | Class 2 Coverage | Class 3 Coverage |
|--------------------|------------|-------------|---|------------------|------------------|
| Leucovorin Calcium | J0640      | Multi       | No                                      | Yes              | No               |

Notes:

Columns shaded green have demonstrated coverage for that particular Class.

**Manufacturer: Watson**

| Drug                  | HCP Code            | Drug Source | Class 1 Coverage<br>(Utilization Dates) | Class 2 Coverage | Class 3 Coverage |
|-----------------------|---------------------|-------------|---|------------------|------------------|
| Dexamethasone Acetate | J1094               | Multi       | No                                      | Yes              | Yes              |
| Dexamethasone Sodium  | J1100, J7637, J7638 | Multi       | Clark (1/16/02-4/17/02)                 | Yes              | No               |
| Diazepam              | J3360               | Multi       | No                                      | Yes              | Yes              |
| Ferrlecit             | J2916               | Single      | No                                      | Yes              | No               |
| Gentamicin            | J1580               | Multi       | Howe (9/12/00-2/13/01)                  | Yes              | No               |
| Vancomycin            | J3370               | Multi       | No                                      | Yes              | Yes              |

**Notes:**

Columns shaded green have demonstrated coverage for that particular Class.